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PTO/SB/17 (07-06)
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known	
FEE TRANSMITTAL For FY 2006		Application Number	09/743,577-Conf. #005756
		Filing Date	March 12, 2001
		First Named Inventor	Herbert SCHLACHTER
		Examiner Name	S. S. Gollamudi
		Art Unit	1616
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	0147-0220P
TOTAL AMOUNT OF PAYMENT		(\$)	1,475.00

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☐ Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)
37 - 61 = x =

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)
2 - 3 = x =

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims

Fee (\$) Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)
- 100 = /50 (round up to a whole number) x =

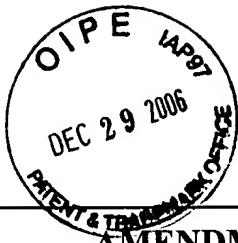
4. OTHER FEE(S)**Fees Paid (\$)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2801 Request for continued examination (RCE) (see 37) 395.00

2255 Extension for response within fifth month. 1,080.00

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	36,623
Name (Print/Type)	Mark J. Nuell	Telephone	(703) 205-8043
		Date	December 29, 2006



MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 0147-0220P																																											
Application No. 09/743,577-Conf. #005756		Filing Date March 12, 2001		Examiner S. S. Gollamudi																																											
Art Unit 1616																																															
Applicant(s): Herbert SCHLACHTER																																															
Invention: Skin and tissue care and/or treatment agent																																															
MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																															
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.																																															
<table border="1" style="width:100%"><tr><th colspan="6">CLAIMS AS AMENDED</th></tr><tr><th></th><th>Claims Remaining After Amendment</th><th>Highest Number Previously Paid</th><th>Number Extra Claims Present</th><th>Rate</th><th></th></tr><tr><td>Total Claims</td><td>37</td><td>- 61 =</td><td>0</td><td>x 25.00</td><td>0.00</td></tr><tr><td>Independent Claims</td><td>2</td><td>- 3 =</td><td>0</td><td>x 100.00</td><td>0.00</td></tr><tr><td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td><td></td></tr><tr><td colspan="5">Other fee (please specify): Extension for response within fifth month</td><td>1,080.00</td></tr><tr><td colspan="5">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</td><td>1,080.00</td></tr></table>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	37	- 61 =	0	x 25.00	0.00	Independent Claims	2	- 3 =	0	x 100.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): Extension for response within fifth month					1,080.00	TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,080.00
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,080.00																																										
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																															
<input type="checkbox"/> No additional fee is required for this amendment.																																															
<input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____ A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> A check in the amount of \$ <u>1,080.00</u> is enclosed.																																															
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.																																															
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. A duplicate copy of this sheet is enclosed.																																															
<input checked="" type="checkbox"/> Credit any overpayment.																																															
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.																																															
 Mark J. Nuell Attorney Reg. No.: 36,623				Dated: <u>December 29, 2006</u>																																											
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